

**IN THE UNITED STATES BANKRUPTCY COURT
HAMMOND DIVISION
NORTHERN DISTRICT OF INDIANA**

IN RE:)		
Ryan J Wacyra)	Case No:	25-20099
)	Judge:	James R. Ahler
Debtor)	Chapter:	Chapter 13
)		

NOTICE OF AMENDMENT

Comes Now, Ryan J Wacyra (“Debtor”) by counsel, Geraci Law LLC, and gives notice of amendment to schedule F to add St Mary’s Open MRI&CT, Debtor pre-petition debt that was inadvertently omitted from Debtor’s original filed petition.

WHEREFORE, Debtor requests the court to approve the said amendment and for all other relief in the premises.

Dated: 2/3/2025

/s/ Lavita Ball
Lavita Ball
Geraci Law LLC
55 E. Monroe, Suite 3400
Chicago, IL 60603

CERTIFICATE OF SERVICE

The undersigned hereby certifies that a copy of the attached Notice of Amendment, with amended schedules was sent by ordinary United States mail, postage prepaid or by electronic service, on the 2/3/2025 to the following interested parties:

Debtor, Mr. Ryan Wacyra, 9527 Forrest Dr, Highland, IN 46322
Paul Chael, 401 West 84th Drive, Suite C, Merrillville, IN, 46410

United States Trustee, One Michiana Square, 100 East Wayne Street Room 555, South Bend, IN 46601.

/s/ Lavita Ball
Lavita Ball

Bank Of America, N.A.
Attn: Bankruptcy Dept.
775 Corporate Woods Parkway
Vernon Hills,IL 60061

Jessica Renae Kolanowski
775 Corporate Woods Parkway
Case no. 45D04-2402-CC-001040
Vernon Hills,IL 60061

Lake County Superior Court
2293 N. Main Street
Case no. 45D04-2402-CC-001040
Crown Point,IN 46307

Porter Hospital, LLC DBA Northwest Health-Porter
Attn: Bankruptcy Dept.
C/O KOMYATTE & CASBON, PC
9650 GORDON DRIVE
HIGHLAND,IN 46322

Robert William Smith
9650 Gordon Drive
Case no. 45D09-2412-SC-006552
Highland,IN 46322

Lake County Superior Court
2293 N. Main Street
Case no. 45D09-2412-SC-006552
Crown Point,IN 46307

Bank of America
Attn: Bankruptcy Dept.
PO BOX 982238
EL PASO,TX 79998

Blitt & Gaines
Bankruptcy Dept.
775 Corporate Wood Parkway
Reference # 22049207
Vernon Hills,IL 60061

Syncb/Lowes
Attn: Bankruptcy Dept.
PO BOX 965005
ORLANDO,FL 32896

Syncb/Ppc
Attn: Bankruptcy Dept.
PO BOX 530975

ORLANDO,FL 32896

Syncb/Amazon
Attn: Bankruptcy Dept.
PO BOX 71727
PHILADELPHIA,PA 19176

Ally Financial
Attn: Bankruptcy Dept.
200 RENAISSANCE CTR # B0
DETROIT,MI 48243

Tbom/Milestone
Attn: Bankruptcy Dept.
PO BOX 4499
BEAVERTON,OR 97076

Feb Destiny/Cci
Attn: Bankruptcy Dept.
14600 NW GREENBRIER PKWY
BEAVERTON,OR 97006

Syncb/Care Credit
Attn: Bankruptcy Dept.
950 FORRER BLVD
KETTERING,OH 45420

Mission Lane Tab Bank
Attn: Bankruptcy Dept.
1504 BELLEVILLE ST
RICHMOND,VA 23230

Credit One Bank Na
Attn: Bankruptcy Dept.
PO BOX 98875
LAS VEGAS,NV 89193

First Midwest Bank
Bankruptcy Dept
1100 N Main St
Crown Point,IN 46307

Webbank/Onemain/Fis
Attn: Bankruptcy Dept.
PO BOX 31535TA-74
TAMPA,FL 33631

Jpmcb Card
Attn: Bankruptcy Dept.
PO BOX 15369

WILMINGTON,DE 19850

Roadrunner Account Ser
Attn: Bankruptcy Dept.
PO BOX 167888
IRVING,TX 75016

Best Egg
Attn: Bankruptcy Dept.
3419 SILVERSIDE RD
WILMINGTON,DE 19810

Upgrade Inc
Attn: Bankruptcy Dept.
275 BATTERY ST FL 23
SAN FRANCISCO,CA 94111

Upgrade Inc
Attn: Bankruptcy Dept.
275 BATTERY ST FL 23
SAN FRANCISCO,CA 94111

Empower Finance/Finwis
Attn: Bankruptcy Dept.
660 YORK ST STE 102
SAN FRANCISCO,CA 94110

Brigit/Coastal Communi
Attn: Bankruptcy Dept.
5415 EVERGREEN WAY
EVERETT,WA 98203

Cap1/Mnrds
Attn: Bankruptcy Dept.
PO BOX 31293
SALT LAKE CITY,UT 84131

Merrick Bank Corp
Attn: Bankruptcy Dept.
PO BOX 9201
OLD BETHPAGE,NY 11804

Upstart Network Inc.
Attn: Bankruptcy Dept.
2950 S DELAWARE ST STE 3
SAN MATEO,CA 94403

Transunion
Attn: Bankruptcy Dept.
Po Box 1000

Chester,Pa 19022

Experian
Attn: Bankruptcy Dept.
Po Box 2002
Allen,Tx 75013

Equifax
Attn: Bankruptcy Dept.
1550 Peachtree St. Ne
Atlanta,Ga 30309

Porter Hospital
Bankruptcy Dept
85 E US Highway 6
Valparaiso,IN 46383

Blitt and Gaines, PC
Bankruptcy Department
775 Corporate Woods Parkway
Vernon Hills,IL 60061

Thrive FCU
Bankruptcy Dept
4501 S Delaware Dr
Muncie,IN 47302

Whatnot Inc
Attn: Bankruptcy Dept
578 Washinton Blvd
#1019
Marina Del Rey,CA 90292

Klarna
Bankruptcy Dept.
629 N High St Fl 3
Columbus,OH 43215

Amazon.com
Bankruptcy Dept
202 Westlake Ave N Ste 2
Seattle,WA 98109

Klarna
Bankruptcy Dept.
629 N High St Fl 3
Columbus,OH 43215

Northwest Health - Porter
Bankruptcy Dept

85 E US Hwy 6
Valparaiso, IN 46383

Professional Account Services
Bankruptcy Dept.
PO Box 188
Acct # 8345973-1376
Brentwood, TN 37024

Affirm, Inc
Bankruptcy Dept
650 California St Fl 12
Loan # DVB5-W0FU & 07XU-M81F
San Francisco, CA 94108

Affirm, Inc
Bankruptcy Dept
650 California St Fl 12
Loan # AR65-7BLB & XND8-X9XJ
San Francisco, CA 94108

Affirm, Inc
Bankruptcy Dept
650 California St Fl 12
Loan # 0483-FBY2 & IUFC-08CF
San Francisco, CA 94108

Affirm, Inc
Bankruptcy Dept
650 California St Fl 12
LOAN # AYT7-MIL4
San Francisco, CA 94108

Affirm, Inc
Bankruptcy Dept
650 California St Fl 12
LOAN # TA3Y-KYK6
San Francisco, CA 94108

St. Mary's open MRI&CT
Bankruptcy Dept
8149 Kennedy Ave, Suite A
Highland, IN 46322

Fill in this information to identify your case:

Debtor 1 Ryan J Wacyra
First Name Middle Name Last Name

Debtor 2 _____
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the : NORTHERN District of INDIANA
(State)

Case Number 25-20099
(If known)

☒ Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

- ☒ No. Go to Part 2.
- ☐ Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

Total claim	Priority amount	Nonpriority amount
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Part 2: List All of Your NONPRIORITY Unsecured Claims

3. Do any creditors have nonpriority unsecured claims against you?

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
- ☒ Yes.

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

		Total claim
4.1	Affirm, Inc <small>Creditor's Name</small> 650 California St Fl 12 <small>Number Street</small> LOAN # TA3Y-KYK6 San Francisco CA 94108 <small>City State Zip Code</small> Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is : Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim : <input type="checkbox"/> Student loans. <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Credit Extended to Debtor(s)</u>
		Total claim \$ 104.00

Debtor 1 Ryan J Wacyra
 First Name Middle Name Last Name

Case Number (if known) 25-20099

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total Claim

4.2	<p>Affirm, Inc</p> <p>Creditor's Name 650 California St Fl 12</p> <p>Number Street</p> <p>Loan # O483-FBY2 & IUFC-08CF</p> <p>San Francisco CA 94108</p> <p>City State Zip Code</p> <p>Who owes the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim relates to a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number _____</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is : Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim :</p> <p><input type="checkbox"/> Student loans.</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Credit Extended to Debtor(s)</u></p>	\$ 225.00
4.3	<p>Affirm, Inc</p> <p>Creditor's Name 650 California St Fl 12</p> <p>Number Street</p> <p>Loan # AR65-7BLB & XND8-X9XJ</p> <p>San Francisco CA 94108</p> <p>City State Zip Code</p> <p>Who owes the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim relates to a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number _____</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is : Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim :</p> <p><input type="checkbox"/> Student loans.</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Credit Extended to Debtor(s)</u></p>	\$ 490.00
4.4	<p>Affirm, Inc</p> <p>Creditor's Name 650 California St Fl 12</p> <p>Number Street</p> <p>LOAN # AYT7-MIL4</p> <p>San Francisco CA 94108</p> <p>City State Zip Code</p> <p>Who owes the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim relates to a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number _____</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is : Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim :</p> <p><input type="checkbox"/> Student loans.</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Credit Extended to Debtor(s)</u></p>	\$ 541.00

Debtor 1 Ryan J Wacyra
 First Name Middle Name Last Name

Case Number (if known) 25-20099

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total Claim

4.5	<p>Affirm, Inc</p> <p>Creditor's Name 650 California St Fl 12</p> <p>Number Street</p> <p>Loan # DVB5-W0FU & 07XU-M81F</p> <p>San Francisco CA 94108</p> <p>City State Zip Code</p> <p>Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number _____</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is : Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim : <input type="checkbox"/> Student loans. <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Credit Extended to Debtor(s)</u></p>	\$ 578.00
4.6	<p>Amazon.com</p> <p>Creditor's Name 202 Westlake Ave N Ste 2</p> <p>Number Street</p> <p>Seattle WA 98109</p> <p>City State Zip Code</p> <p>Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>3844</u></p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is : Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim : <input type="checkbox"/> Student loans. <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Credit Extended to Debtor(s)</u></p>	\$ 222.00
4.7	<p>Bank of America</p> <p>Creditor's Name PO BOX 982238</p> <p>Number Street</p> <p>EL PASO TX 79998</p> <p>City State Zip Code</p> <p>Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>3035</u></p> <p>When was the debt incurred? <u>2017-2022</u></p> <p>As of the date you file, the claim is : Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim : <input type="checkbox"/> Student loans. <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Credit Card or Credit Use</u></p>	\$ 8,132.00

Debtor 1 Ryan

J

Wacyra

Case Number (if known) 25-20099

First Name

Middle Name

Last Name

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page**After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.****Total Claim**

4.8	Best Egg Creditor's Name <u>3419 SILVERSIDE RD</u> Number Street <u>WILMINGTON DE 19810</u> City State Zip Code Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>8029</u> When was the debt incurred? <u>2024-2024</u> As of the date you file, the claim is : Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim : <input type="checkbox"/> Student loans. <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Personal Loan</u>	\$ 1,962.00
4.9	Blitt and Gaines, PC Creditor's Name <u>775 Corporate Woods Parkway</u> Number Street <u>Vernon Hills IL 60061</u> City State Zip Code Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>3844</u> When was the debt incurred? _____ As of the date you file, the claim is : Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim : <input type="checkbox"/> Student loans. <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Collecting for Creditor</u>	\$ 0.00
4.10	Brigit/Coastal Communi Creditor's Name <u>5415 EVERGREEN WAY</u> Number Street <u>EVERETT WA 98203</u> City State Zip Code Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>6341</u> When was the debt incurred? <u>2024-2024</u> As of the date you file, the claim is : Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim : <input type="checkbox"/> Student loans. <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Personal Loan</u>	\$ 500.00

Debtor 1 Ryan

J

Wacyra

Case Number (if known) 25-20099

First Name

Middle Name

Last Name

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page**After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.****Total Claim**

4.11	Cap1/Mnrds Creditor's Name PO BOX 31293 Number Street SALT LAKE CITY UT 84131 City State Zip Code Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 3844 When was the debt incurred? 2020-2024 As of the date you file, the claim is : Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim : <input type="checkbox"/> Student loans. <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit Card or Credit Use	\$ 3,020.00
4.12	Credit One Bank Na Creditor's Name PO BOX 98875 Number Street LAS VEGAS NV 89193 City State Zip Code Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 3844 When was the debt incurred? 2022-2024 As of the date you file, the claim is : Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim : <input type="checkbox"/> Student loans. <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit Card or Credit Use	\$ 635.00
4.13	Empower Finance/Finwis Creditor's Name 660 YORK ST STE 102 Number Street SAN FRANCISCO CA 94110 City State Zip Code Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 3844 When was the debt incurred? 2024-2024 As of the date you file, the claim is : Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim : <input type="checkbox"/> Student loans. <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit Card or Credit Use	\$ 194.00

Debtor 1 Ryan J Wacyra
First Name Middle Name Last NameCase Number (if known) 25-20099**Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total Claim

4.14	Equifax Creditor's Name <u>1550 Peachtree St. Ne</u> Number Street <u>Atlanta</u> <u>Ga</u> <u>30309</u> City State Zip Code Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>3844</u> When was the debt incurred? _____ As of the date you file, the claim is : Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim : <input type="checkbox"/> Student loans. <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Notice Only</u>	\$ 0.00
4.15	Experian Creditor's Name <u>Po Box 2002</u> Number Street <u>Allen</u> <u>Tx</u> <u>75013</u> City State Zip Code Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>3844</u> When was the debt incurred? _____ As of the date you file, the claim is : Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim : <input type="checkbox"/> Student loans. <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Notice Only</u>	\$ 0.00
4.16	Feb Destiny/Cci Creditor's Name <u>14600 NW GREENBRIER PKWY</u> Number Street <u>BEAVERTON</u> <u>OR</u> <u>97006</u> City State Zip Code Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>3844</u> When was the debt incurred? <u>2022-2024</u> As of the date you file, the claim is : Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim : <input type="checkbox"/> Student loans. <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Credit Card or Credit Use</u>	\$ 347.00

Debtor 1 Ryan

J

Wacyra

Case Number (if known) 25-20099

First Name

Middle Name

Last Name

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page**After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.****Total Claim**

4.17	Jpmcb Card Creditor's Name PO BOX 15369 Number Street WILMINGTON DE 19850 City State Zip Code Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 3844 When was the debt incurred? 2021-2024 As of the date you file, the claim is : Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim : <input type="checkbox"/> Student loans. <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Credit Card or Credit Use</u>	\$ 5,447.00
4.18	Merrick Bank Corp Creditor's Name PO BOX 9201 Number Street OLD BETHPAGE NY 11804 City State Zip Code Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 3844 When was the debt incurred? 2022-2024 As of the date you file, the claim is : Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim : <input type="checkbox"/> Student loans. <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Credit Card or Credit Use</u>	\$ 602.00
4.19	Mission Lane Tab Bank Creditor's Name 1504 BELLEVILLE ST Number Street RICHMOND VA 23230 City State Zip Code Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 3844 When was the debt incurred? 2022-2024 As of the date you file, the claim is : Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim : <input type="checkbox"/> Student loans. <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Credit Card or Credit Use</u>	\$ 894.00

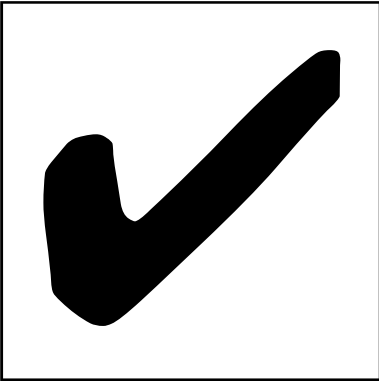
Debtor 1 Ryan J Wacyra
First Name Middle Name Last NameCase Number (if known) 25-20099**Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page****After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.****Total Claim**

4.20	Northwest Health - Porter Creditor's Name <u>85 E US Hwy 6</u> Number Street <u>Valparaiso</u> <u>IN</u> <u>46383</u> City State Zip Code Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ When was the debt incurred? <u>2022</u> As of the date you file, the claim is : Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim : <input type="checkbox"/> Student loans. <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical Debt</u>	\$ 2,235.00
4.21	Porter Hospital Creditor's Name <u>85 E US Highway 6</u> Number Street <u>Valparaiso</u> <u>IN</u> <u>46383</u> City State Zip Code Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>3844</u> When was the debt incurred? _____ As of the date you file, the claim is : Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim : <input type="checkbox"/> Student loans. <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical Debt</u>	\$ 2,300.00
4.22	Porter Hospital, LLC DBA Northwest Health Creditor's Name <u>C/O KOMYATTE & CASBON, PC</u> Number Street <u>9650 GORDON DRIVE</u> <u>HIGHLAND</u> <u>IN</u> <u>46322</u> City State Zip Code Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>3844</u> When was the debt incurred? <u>241218</u> As of the date you file, the claim is : Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim : <input type="checkbox"/> Student loans. <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Lawsuit Pending</u>	\$ 4,825.00

Debtor 1 Ryan J Wacyra
First Name Middle Name Last NameCase Number (if known) 25-20099**Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total Claim

4.23	St.Mary's Open MRI&CT Creditor's Name <u>8149 Kennedy Ave, Suite A</u> Number Street <u>Hammond</u> <u>IN</u> <u>46322</u> City State Zip Code Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ When was the debt incurred? _____ As of the date you file, the claim is : Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim : <input type="checkbox"/> Student loans. <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Debt Owed</u>	\$ 552.59 
4.24	Syncb/Amazon Creditor's Name <u>PO BOX 71727</u> Number Street <u>PHILADELPHIA</u> <u>PA</u> <u>19176</u> City State Zip Code Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>3844</u> When was the debt incurred? <u>2021-2023</u> As of the date you file, the claim is : Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim : <input type="checkbox"/> Student loans. <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Credit Card or Credit Use</u>	\$ 1,794.00
4.25	Syncb/Care Credit Creditor's Name <u>950 FORRER BLVD</u> Number Street <u>KETTERING</u> <u>OH</u> <u>45420</u> City State Zip Code Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>3844</u> When was the debt incurred? <u>2021-2024</u> As of the date you file, the claim is : Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim : <input type="checkbox"/> Student loans. <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Credit Card or Credit Use</u>	\$ 896.00

Debtor 1 Ryan

J

Wacyra

Case Number (if known) 25-20099

First Name

Middle Name

Last Name

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page**After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.****Total Claim**

4.26	<p>Synco/Lowes</p> <p>Creditor's Name PO BOX 965005</p> <p>Number Street</p> <p>ORLANDO FL 32896</p> <p>City State Zip Code</p> <p>Who owes the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim relates to a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 3844</p> <p>When was the debt incurred? 2021-2024</p> <p>As of the date you file, the claim is : Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim :</p> <p><input type="checkbox"/> Student loans.</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Credit Card or Credit Use</u></p>	\$ 3,025.00
4.27	<p>Synco/Ppc</p> <p>Creditor's Name PO BOX 530975</p> <p>Number Street</p> <p>ORLANDO FL 32896</p> <p>City State Zip Code</p> <p>Who owes the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim relates to a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 3844</p> <p>When was the debt incurred? 2018-2023</p> <p>As of the date you file, the claim is : Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim :</p> <p><input type="checkbox"/> Student loans.</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Credit Card or Credit Use</u></p>	\$ 4,608.00
4.28	<p>Tbom/Milestone</p> <p>Creditor's Name PO BOX 4499</p> <p>Number Street</p> <p>BEAVERTON OR 97076</p> <p>City State Zip Code</p> <p>Who owes the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim relates to a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 3844</p> <p>When was the debt incurred? 2022-2024</p> <p>As of the date you file, the claim is : Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim :</p> <p><input type="checkbox"/> Student loans.</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Credit Card or Credit Use</u></p>	\$ 400.00

Debtor 1 Ryan J Wacyra
First Name Middle Name Last NameCase Number (if known) 25-20099**Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page****After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.****Total Claim**

4.29	Thrive FCU Creditor's Name 4501 S Delaware Dr Number Street Muncie IN 47302 City State Zip Code Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>3844</u> When was the debt incurred? _____ As of the date you file, the claim is : Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim : <input type="checkbox"/> Student loans. <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Credit Card or Credit Use</u>	\$ 403.00
4.30	Transunion Creditor's Name Po Box 1000 Number Street Chester Pa 19022 City State Zip Code Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>3844</u> When was the debt incurred? _____ As of the date you file, the claim is : Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim : <input type="checkbox"/> Student loans. <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Notice Only</u>	\$ 0.00
4.31	Upgrade Inc Creditor's Name 275 BATTERY ST FL 23 Number Street SAN FRANCISCO CA 94111 City State Zip Code Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>0987</u> When was the debt incurred? <u>2024-2024</u> As of the date you file, the claim is : Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim : <input type="checkbox"/> Student loans. <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Personal Loan</u>	\$ 1,731.00

Debtor 1 Ryan

J

Wacyra

Case Number (if known) 25-20099

First Name

Middle Name

Last Name

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page**After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.****Total Claim**

4.32	Upgrade Inc Creditor's Name 275 BATTERY ST FL 23 Number Street SAN FRANCISCO CA 94111 City State Zip Code Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 3844 When was the debt incurred? 2023-2024 As of the date you file, the claim is : Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim : <input type="checkbox"/> Student loans. <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit Card or Credit Use	\$ 771.00
4.33	Upstart Network Inc. Creditor's Name 2950 S DELAWARE ST STE 3 Number Street SAN MATEO CA 94403 City State Zip Code Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 1574 When was the debt incurred? 2023-2024 As of the date you file, the claim is : Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim : <input type="checkbox"/> Student loans. <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Personal Loan	\$ 888.00
4.34	Webbank/Onemain/Fis Creditor's Name PO BOX 31535TA-74 Number Street TAMPA FL 33631 City State Zip Code Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 3844 When was the debt incurred? 2024-2024 As of the date you file, the claim is : Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim : <input type="checkbox"/> Student loans. <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit Card or Credit Use	\$ 459.00

Debtor 1 Ryan J Wacyra Case Number (if known) 25-20099

<div style="border: 1px solid black; padding: 2px; display: inline-block;">4.35</div> <div style="margin-top: 5px;"> <p>Whatnot Inc</p> <p><small>Creditor's Name</small></p> <p>578 Washinton Blvd</p> <p><small>Number Street</small></p> <p>#1019</p> <p><small>City State Zip Code</small></p> <p>Marina Del Rey CA 90292</p> <p>Who owes the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim relates to a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> </div>	<p><small>First Name Middle Name Last Name</small></p> <p>Last 4 digits of account number <u>3844</u></p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is : Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim :</p> <p><input type="checkbox"/> Student loans.</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Credit Card or Credit Use</u></p>	<p>\$ 221.00</p>
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Debtor 1 Ryan J Wacyra
First Name Middle Name Last NameCase Number (if known) 25-20099**Part 3: List Others to Be Notified for a Debt That You Already Listed**

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Klarna, Bankruptcy Dept.

Name
629 N High St Fl 3

Number Street

Columbus OH 43215

City State Zip Code

On which entry in Part 1 or Part 2 list the original creditor?

Line 2 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured ClaimsLast 4 digits of account number 3844

Blitt & Gaines, Bankruptcy Dept.

Name
775 Corporate Wood Parkway

Number Street

Reference # 22049207

Vernon Hills IL 60061

City State Zip Code

On which entry in Part 1 or Part 2 list the original creditor?

Line 3 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured ClaimsLast 4 digits of account number 3035

Professional Account Services, Bankruptcy Dept.

Name
PO Box 188

Number Street

Acct # 8345973-1376

Brentwood TN 37024

City State Zip Code

On which entry in Part 1 or Part 2 list the original creditor?

Line 14 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Robert William Smith

Name
9650 Gordon Drive

Number Street

Case no. 45D09-2412-SC-006552

Highland IN 46322

City State Zip Code

On which entry in Part 1 or Part 2 list the original creditor?

Line 16 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured ClaimsLast 4 digits of account number 3844

Lake County Superior Court

Name
2293 N. Main Street

Number Street

Case no. 45D09-2412-SC-006552

Crown Point IN 46307

City State Zip Code

On which entry in Part 1 or Part 2 list the original creditor?

Line 16 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured ClaimsLast 4 digits of account number 3844

Klarna, Bankruptcy Dept.

Name
629 N High St Fl 3

Number Street

Columbus OH 43215

City State Zip Code

On which entry in Part 1 or Part 2 list the original creditor?

Line 28 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured ClaimsLast 4 digits of account number 3844

Debtor 1 Ryan J Wacyra
First Name Middle Name Last NameCase Number (if known) 25-20099**Part 4: Add the Amounts for Each Type of Unsecured Claim**

6. **Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.**

		Total claim	
Total claims from Part 1	6a. Domestic support obligations	6a.	\$ 0.00
	6b. Taxes and Certain other debts you owe the government	6b.	\$ 0.00
	6c. Claims for death or personal injury while you were intoxicated	6c.	\$ 0.00
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$ 0.00
	6e. Total. Add lines 6a through 6d.	6e.	\$ 0.00

		Total claim	
Total claims from Part 2	6f. Student loans	6f.	\$ 0.00
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$ 0.00
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h.	\$ 0.00
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$ 49,001.59
	6j. Total. Add lines 6f through 6i.	6j.	\$ 49,001.59

Fill in this information to identify your case:

Debtor 1 Ryan J Wacyra
First Name Middle Name Last Name

Debtor 2
 (Spouse, if filing) _____
First Name Middle Name Last Name

United States Bankruptcy Court for the: Northern District of Indiana

Case number 25-20099
 (If known)

☒ Check if this is an
amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

☒ No

☐ Yes. Name of person _____ . Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

x 

Signature of Ryan J Wacyra
 IP Address: XXX.XX.XXX.193

Date 02/03/2025
 MM / DD / YYYY

x _____

Date _____
 MM / DD / YYYY